

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed on 24 hours after death. Page 4 may be retained by the hospital or attending physician.

UNERAL DIRECTOR: After this certificate has been signed by the attending physician. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

I

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

0373603736 03733

1. PLACE OF DEATH a. COUNTY St. Mary's MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. STATE Maryland				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Medley's Neck		b. COUNTY St. Mary's				
c. LENGTH OF STAY IN 1b 30 years		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Medley's Neck				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		d. STREET ADDRESS				
3. NAME OF DECEASED (Type or print)	First Victor	Middle H.	Last Brubacher			
4. DATE OF DEATH	Month March	Day 4,	Year 19 62			
5. SEX	6. COLOR OR RACE Male White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH October 25, 1895			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (County & State, or foreign country) Butterfield, Minnesota	12. CITIZEN OF WHAT COUNTRY U.S.A.			
13. FATHER'S NAME Robert H. Brubacher	14. MOTHER'S MAIDEN NAME Johanna Hubin					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give rank or date of service) Yes 1918 - 1919	16. SOCIAL SECURITY NO. 217-32-2285	17. INFORMANT Sara Brubacher	Address Same as # 2 above			
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Paralysis						
DUE TO (b) Amyotrophic Lateral Sclerosis						
Conditions, if any, which give rise to immediate cause (e), stating the underlying cause last. 356,1						
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) none						
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) none				
20c. TIME OF INJURY Hour e.m. p.m. none	Month, Day, Year 19	20d. INJURY OCCURRED White <input type="checkbox"/> Non-White <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> none	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none	20f. (City or town) —	(County) —	(State) —
21. I certify that (I) (this hospital) attended the deceased from 3/12/62 to 3/14 , 1962, that (I) (we) last saw the deceased alive on 3/12 , 1962, and that death occurred at 7 A.M. from the causes and on the date stated above.						
22a. SIGNATURE Julian S. Lane M. D.		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED 3/4/62		
22c. PHYSICIAN'S NAME (Type) Julian S. Lane M. D.		22d. ADDRESS Lexington Park, Maryland				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF March 6, 1962		23c. NAME OF CEMETERY OR CREMATORIUM St. Paul Cemetery		
24. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley		ADDRESS Leonardtown, Maryland		23d. LOCATION (City, town or county) Leonardtown, Md.		
24a. REC'D BY REGISTRAR W. Clarke Mattingley		24b. DATE 3/4/62		25b. REGISTRAR'S SIGNATURE Julian S. Lane		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove certificate from the papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03837 03737

CERTIFICATE OF DEATH

03734

1. PLACE OF DEATH

a. COUNTY

St. Mary's

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Leonardtown

c. LENGTH OF STAY IN 1b

4 days

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

St. Mary's Hospital

3. NAME OF DECEASED
(Type or print)

Almon

Mason

First
Middle
Last

4. DATE OF DEATH

March

3,

19 62

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED

NEVER MARRIED

8. DATE OF BIRTH

June 8, 1886

9. AGE (In years
less birthday)

75

10. IF UNDER 1 YEAR

Months

11. IF UNDER 24 HRS.

Days

12. Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Training Officer V. A. Civil Service

10b. KIND OF BUSINESS OR INDUSTRY

Washington, D. C.

11. BIRTHPLACE (County & State, or foreign country)

Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Ellis Clapp

Ella Hedrick

Address

14. MOTHER'S MAIDEN NAME

Mrs Ruth B. Clapp

Mechanicsville, Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes give rank or dates of service)

Yes

16. SOCIAL SECURITY NO.

17. INFORMANT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

59X

DUE TO

Conditions, if any, which

gave rise to immediate cause

(b)

IMMEDIATE CAUSE (c)

59X

DUE TO

Conditions, if any, which

gave rise to immediate cause

(c)

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DUE TO

Conditions, if any, which

gave rise to immediate cause

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DUE TO

Conditions, if any, which

gave rise to immediate cause

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Conditions, if any, which

gave rise to immediate cause

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03733

CERTIFICATE OF DEATH

03735

1. PLACE OF DEATH

a. COUNTY

St. Mary's

MARYLAND

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Leonardtown

c. LENGTH OF STAY IN 1b

Life

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

3. NAME OF
DECEASED
(Type or print)

First

Middle

Last

4. DATE
OF
DEATH

Month

22,

1962

5. SEX

Male

6. COLOR OR RACE

Colored

7. MARRIED

 NEVER MARRIED

8. DATE OF BIRTH

June 13, 1879

9. AGE (In years
last birthday)

82

IF UNDER 1 YEAR
Months

Dey

IF UNDER 24 HRS.
Hours Min.10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (County & State, or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Hanson Hebb

14. MOTHER'S MAIDEN NAME

Lillian Ann Perpha

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give rank or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

215 32 4451 Joseph H. Hebb 1342 N. Fremont Ave
Baltimore, Md.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

3 52 X Cardiac Failure - Presencia

Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

DUE TO

(b)

DUE TO

(c)

Hemiplegia -

INTERVAL BETWEEN
ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY
PERFORMED?YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year
Hour a.m. 19
p.m.20d. INJURY OCCURRED
While at work Not While at work 20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that (I) (this hospital) attended the deceased from See 15, 1962 to March 22, 1962, that (I) (we) last
saw the deceased alive on March 22, 1962, and that death occurred at 3 A.M. from the causes and on the date stated above.

22e. SIGNATURE

Charles Greenwell

M.D.

ATTENDING
PHYS. MED.
DIRECTOR STAFF
PHYS. 22b. DATE
SIGNED

3/22/62

22c. PHYSICIAN'S
NAME (Type)

Charles Greenwell M.D.

22d. ADDRESS

Leonardtown Md

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE THEREOF

3/26/62

23c. NAME OF CEMETERY OR CREMATORI

Our Lady's Chapel

23d. LOCATION (City, town or county)

(State)

Medley's Neck, Md.

24 FUNERAL DIRECTOR'S SIGNATURE

W. Clarke Mattingley Leonardtown, Md.

ADDRESS

25a. REC'D BY REGISTRAR

DATE MAR 27 '62

25b. REGISTRAR'S SIGNATURE

John X. Kline

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after
death. Page 4 may be retained by the hospital or attending physician.TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral
director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should
be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MEDICAL CERTIFICATION

VR A15 (4)
15M 7/61

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03739

CERTIFICATE OF DEATH

03736

1. PLACE OF DEATH a. COUNTY St. Mary's MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY St. Mary's	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Abell		c. LENGTH OF STAY IN 1b 3 years	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 		d. STREET ADDRESS X Rural Abell	
3. NAME OF DECEASED (Type or print) Julia		First Ann	Middle Hill
4. DATE OF DEATH March 20, 1962		5. SEX Female	6. COLOR OR RACE White
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 23, 1875	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (County & State, or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Henry Goode		14. MOTHER'S MAIDEN NAME Turner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/>		16. SOCIAL SECURITY NO. <input type="checkbox"/>	
17. INFORMANT Mrs Helen Pingleton		Address Abell, Maryland	
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 420 Cardiac failure Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last. (b) Coronary artery disease		INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 20 1962 p.m.			
20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Leonardtown Md			
21. I certify that (I) (this hospital) attended the deceased from Dec 1 - 1957 to Mar 20, 1962 that (I) (we) last saw the deceased alive on Mar 19, 1962 and that death occurred at 2 A.M. from the causes and on the date stated above.			
22a. SIGNATURE Charles Greenwell M.D.			
22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) Charles Greenwell M. D.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 4/22/62	
23c. NAME OF CEMETERY OR CREMATORIAL Sacred Heart Cemetery		23d. LOCATION (City, town or county) (State) Bushwood, Maryland	
24 FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley		ADDRESS Leonardtown, Maryland	
25a. REC'D BY REGISTRAR Arthur S. Kraus		25b. REGISTRAR'S SIGNATURE DATE MAR 22 '62	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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VR A15 (4)
15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03740

Items 8 & 9 Film 0310 4/2/62 mh

03737

1. PLACE OF DEATH

a. COUNTY

St. Mary's

MARYLAND

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Leonardtown

c. LENGTH OF STAY IN lb

4 1/2 days

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

St. Mary's Hospital

3. NAME OF DECEASED (Type or print)

First

Middle

Last

4. DATE OF DEATH

March

16,

1962

Month

Day

Year

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED NEVER MARRIED

WIDOWED DIVORCED

8. DATE OF BIRTH

1877

Feb. 13, 1877

9. AGE (In years last birthday)

89

5 yrs.

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (County & State, or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John R. Knott

14. MOTHER'S MAIDEN NAME

Lottie Copsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give rank or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Ella R. Latham

Address

Leonardtown, Maryland

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN
ONSET AND DEATH

5 yrs.

Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

DUE TO

(b)

Convalescent Deacon

10 yrs

DUE TO

(c)

Arteriosclerosis

15 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED?

YES NO

20a. MEDICAL CERTIFICATION

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year
Hour e.m. 19
p.m.

20d. INJURY OCCURRED
While Not While
at work at work

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that (I) (this hospital) attended the deceased from **Oct 1962** to **Dec 1962**, that (I) (we) last saw the deceased alive on **19**, and that death occurred at **M**, from the causes and on the date stated above.

22e. SIGNATURE

David L. Mossman

M.D.

ATTENDING PHYS.

MED. DIRECTOR

STAFF PHYS.

22b. DATE SIGNED
3/19/62

22c. PHYSICIAN'S NAME (Type)

David L. Mossman M. D.

22d. ADDRESS

Mechanicsville, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23c. NAME OF CEMETERY OR CREMATORI

Our Lady's Chapel

23d. LOCATION (City, town or county)

Medley's Neck, Md.

(State)

24 FUNERAL DIRECTOR'S SIGNATURE

W. Clarke Mattingley Leonardtown, Maryland

ADDRESS

25a. REC'D BY REGISTRAR

MAR 22 '62

25b. REGISTRAR'S SIGNATURE

Cathleen S. Tamm

M

78

I

O

BP

622

M

deutsche

und englische Lieder und Chöre ausgewählt

Deutsche Lieder

Deutsche Lieder und Chöre

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03741

CERTIFICATE OF DEATH

Reg. Dist. No. 03738

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, Form 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Forms 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY St. Mary's		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Md.		b. COUNTY St. Mary's		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown		c. LENGTH OF STAY IN lb 5 minutes		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington Park				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS 75 East Rennell Ave		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Nancy		First	Middle	Last	4. DATE OF DEATH 3-2-62	Month	Day	Year 19
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-2-62		9. AGE (In years lost birthday) — yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME David Merrill Lester		14. MOTHER'S MAIDEN NAME Janet Lee Williams						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mother		Address same		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Prematurity</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Great Mills, Md.		(County) (State)
21. I certify that I attended the deceased from <u>3/2/62</u> to <u>3/2/62</u> , that I last saw the deceased alive on <u>3/2/62</u> , and that death occurred at <u>9:35</u> M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE <i>Dr. James P. Jarboe</i> M.D. DATE SIGNED <u>3/3/62</u>								
22a. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial		22b. DATE THEREOF 3-5-62		22c. NAME OF CEMETERY OR CREMATORIAL St. Alloysius		22d. LOCATION (City, town, or county) Leonardtown, Md.		
23. FUNERAL DIRECTOR'S SIGNATURE <i>W. Clarke Walling</i>		ADDRESS Leonardtown, Md.		24a. REC'D BY REGISTRAR DATE MAR 6 '62		24b. REGISTRAR'S SIGNATURE <i>John S. Kline</i>		



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03742

CERTIFICATE OF DEATH

Item 8 Film G310 4/2/62 m1

03759

1. PLACE OF DEATH

a. COUNTY

St. Mary's

b. CITY OR TOWN (if outside corporate limits, write RURAL and g.v. nearest town)

Leonardtown

c. LENGTH OF STAY IN lb

12 hrs

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

St. Mary's Hospital

3. NAME OF DECEASED
(Type or print)

First

Middle

William Alexander

4. SEX

Male

6. COLOR OR RACE

White

7. MARRIED

NEVER MARRIED

WIDOWED

DIVORCED

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (County & State, or foreign country)

11. BIRTHPLACE (County & State, or foreign country)

Charles County, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William A. Lyon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Michael Wolfe

Julia Freeman

Address

Maddox, Maryland

INTERVAL BETWEEN
ONSET AND DEATH

3 years

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a)

DUE TO

+22
Conditions, if any, which
give rise to immediate cause
(a), stating the underlying
cause last.

(b)

DUE TO

(c)

Arteriosclerotic cardiovascular dis

PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a), (b), and (c).

Potts Dis. Spine - Many Years Duration

YES NO 20a. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED (Enter no use of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY
Hour e.m.
p.m.

Month, Day, Year

19

20d. INJURY OCCURRED
While at work Not While at work

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that (I) (this hospital) attended the deceased from Jan 1962 to Mar 22, 1962, that (I) (we) last saw the deceased alive on 3/20/62 at 19 and their death occurred at M, from the causes and on the date stated above.

22a. SIGNATURE

22c. PHYSICIAN'S
NAME (Type)

J. Roy Guyther M.D.

M.D.

ATTENDING
PHYS.MED.
DIRECTORSTAFF
PHYS.

22d. ADDRESS

22b. DATE
SIGNED

Mechanicsville, Maryland

(State)

23a. BURIAL, CREMATION
REMOVAL (Specify)

Burial

23b. DATE THEREOF

3/24/62

24. FUNERAL DIRECTOR'S SIGNATURE

W. Clarke Mattingley

23c. NAME OF CEMETERY OR CEMETORY

Dentsville, Md.

23d. LOCATION (City, town or county)

Dentsville,

(State)

Md.

ADDRESS

Leonardtown, Md.

25a. REC'D BY REGISTRAR

DATE MAR 27 '62

25b. REGISTRAR'S SIGNATURE

Arthur S. Trahan

25

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03743

CERTIFICATE OF DEATH

Reg. Dist. No. 03740

1. PLACE OF DEATH a. COUNTY St. Mary's		MARYLAND		2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. STATE Md.		b. COUNTY St. Mary's	
b. CITY OR TOWN (If out of corporate limits, write RURAL and give nearest town) Leonardtown		c. LENGTH OF STAY IN lb 39 minutes		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hollywood		d. STREET ADDRESS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION St. Mary's Hospital						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Norris		Middle		4. DATE OF DEATH 3-2-62		Month Day Year 19	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3-2-62	
9. AGE (In years last birthday) — yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph Aloysius Norris				14. MOTHER'S MAIDEN NAME Dorothy Ann Blackiston			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO no		INFORMANT Mother		Address above	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a). 776 X Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. DUE TO (b) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) Prematurity INTERVAL BETWEEN ONSET AND DEATH							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>3/2</u> , 19 <u>62</u> to <u>3/2</u> , 19 <u>62</u> , that I last saw the deceased alive on <u>3/2</u> , 19 <u>62</u> , and that death occurred at <u>6 P.M.</u> from the causes and on the date stated above. / ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Dr. James P. Jarboe							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 3-6-62		22c. NAME OF CEMETERY OR CREMATORIAL St. John's		22d. LOCATION (City, town, or county) Hollywood (State) Md.	
23. FUNERAL DIRECTOR'S SIGNATURE McClure Mortuary Leonardtown, Md.		ADDRESS		24a. REC'D. BY REGISTRAR MAR 8 '62		24b. REGISTRAR'S SIGNATURE C. L. & T. Inc.	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4
15M 9/58

FOR STATE
HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, use the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form 5 and Form 3. Page 5 may be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03744 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03741

1. PLACE OF DEATH

a. COUNTY

St. Mary's

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Patuxent River

c. LENGTH OF STAY IN lb

2 1/2 months

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Station Hospital, USNAS

MARYLAND

3. NAME OF
DECEASED
(Type or print)

First

Middle

Thomas

Michael

OAKLEY

4. SEX

6. COLOR OR RACE

Male

Cauc.

10a. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired]

U.S. NAVY

7. MARRIED NEVER MARRIED

WIDOWED DIVORCED

8. DATE OF BIRTH

SEPT 19 1943

11. BIRTHPLACE (State or foreign country)

GREENVILLE, OHIO

13. FATHER'S NAME

Marvin C. OAKLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

Yes 15 Sep 61 to 7 MAR 62 271 387 716 OFFICIAL NAVAL RECORDS

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Hemorrhage secondary to Laceration Liver

936.8

DUE TO

Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

(b)

DUE TO

(c)

PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. e. 19. WAS AUTOPSY PERFORMED?

YES NO

20a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH.

20c. TIME OF INJURY Month, Day, Year
1:42 p.m. MARCH 7 1962

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

Crushed between two hangar doors at Hangar 109

20d. INJURY OCCURRED

While Not White

at work not at work

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

Hangar 109, USNAS, Patuxent River, Maryland

(County) St. Mary's (State)

21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner

ACTUAL
SIGNATURE:

G. R. SWAN LCDR MC USNR

EXAMINER'S
NAME (Type) USNAS, Station Hospital, Patuxent River, Md., or county

22a. BURIAL, CREMATION, REMOVAL (Specify)

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORIUM

22d. LOCAT ON (City, town, or country)

(State)

Transit & Burial 3/9/62

Greenville, Ohio

23. FUNERAL DIRECTOR

ADDRESS

P. B. Robinson - Leonardtown, Md.

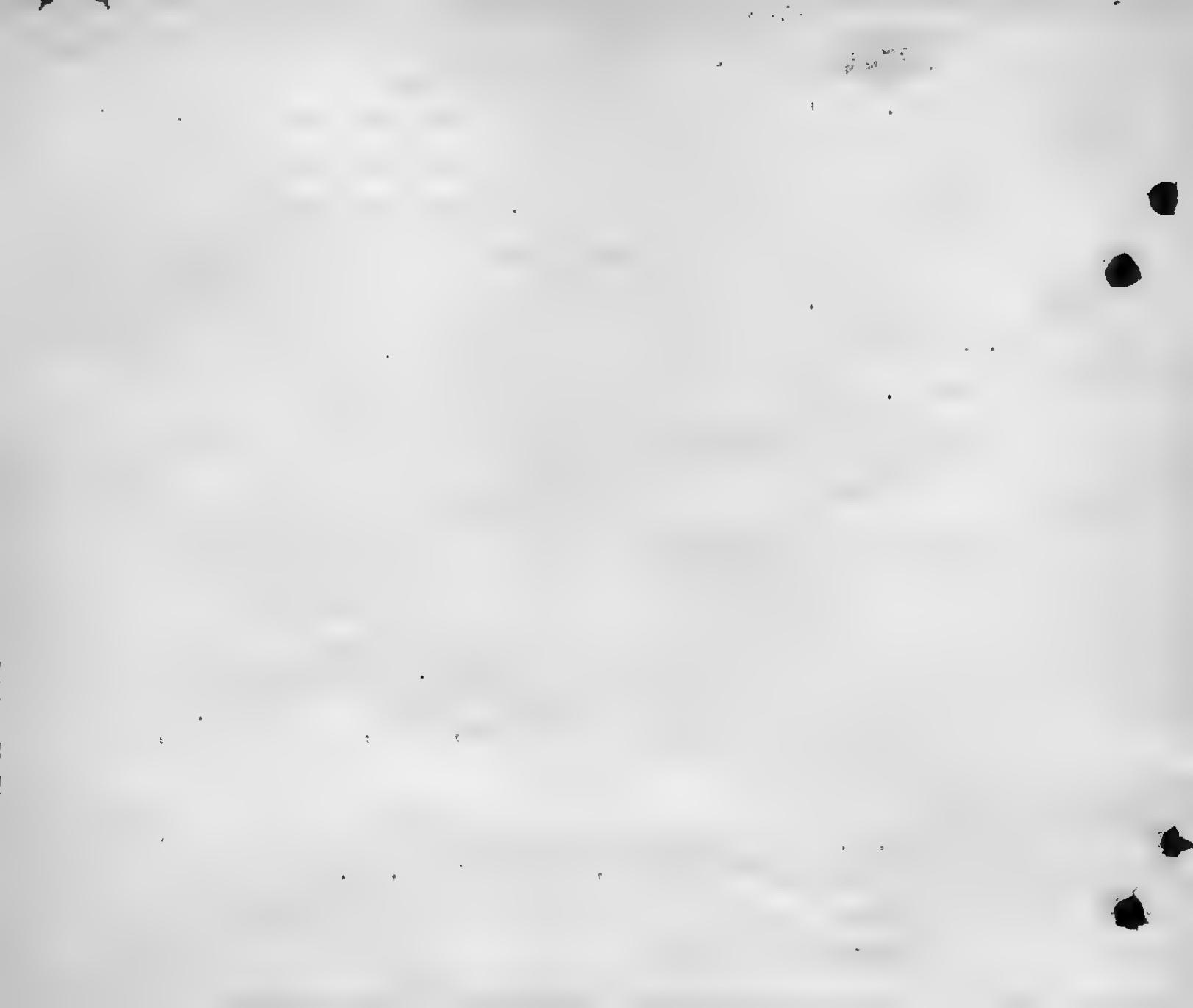
24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATE MAR 12 '62

Clinton S. Swan

VS. A15ME
5M 7/59



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove certificate from papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03745

CERTIFICATE OF DEATH

03742

1. PLACE OF DEATH

a. COUNTY

St. Mary's

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

~~REXX~~ Chaptico

c. LENGTH OF STAY IN lb

MARYLAND

Life

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

3. NAME OF DECEASED (Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

5. SEX

6. COLOR OR RACE

Female

White

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

7. MARRIED NEVER MARRIED

WIDOWED DIVORCED

8. DATE OF BIRTH

April 16, 1881

9. AGE (In years
est. birthday)

80

10. IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HRS.

13. FATHER'S NAME

George R. Garner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give rank or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mary Thomas

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

422 DUE TO

Conditions, if any, which
give rise to immediate cause
(a), stating the underlying
cause last.

(b)

DUE TO

(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED?

YES NO

20a. ACCIDENT WAS UNDERLYING (a) OR CONTRIBUTING (b) CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II, if item 18)

20c. TIME OF INJURY

Month, Day, Year

Hour e.m.

19

p.m.

20d. INJURY OCCURRED

White Not White

at work at work

20e. PLACE OF INJURY (Home, farm,

factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that (I) (this hospital) attended the deceased from....

1957 to Mar 10, 1962, that (I) (we) last

saw the deceased alive on Mar 10, 1962,

and that death occurred at..... M, from the causes and on the date stated above.

22e. SIGNATURE

J. Roy Guyther M. D.

22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type)

M.D. ATTENDING PHYS. MED. DIRECTOR STAFF PHYS.
22d. ADDRESS

Mechanicsville, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORIUM

23d. LOCATION (City, town or county)

(State)

Burial March 12, 1962

Christ Church Cemetery

Chaptico,

Maryland

24. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

W. Clarke Mattingley Leonardtown, Maryland

DATE MAR 19 '62

Arthur S. Kraus

1
FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03746

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03743

1. PLACE OF DEATH

a. COUNTY

St. Mary's

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Compton

c. LENGTH OF STAY IN lb

MARYLAND

30 yrs.

d. NAME OF HOSPITAL OR INSTITUTION (If no in hospital, give street address)

2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)

a. STATE

Maryland

b. COUNTY

St. Mary's

c. CITY OR TOWN (If outside corporate limits, write RURAL, and give nearest town)

Rural Compton

d. STREET ADDRESS

e. IS RESIDENCE
ON A FARM?

YES NO

3. NAME OF
DECEASED
(Type or print)

First

Middle

Last

4. DATE
OF
DEATH

Month
March

Day
31

Year
1962

5. SEX

Male

6. COLOR OR RACE
Colored

7. MARRIED
W.DOWED

8. DATE OF BIRTH
May

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hollywood, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service)

Yes WW I

16. SOCIAL SECURITY NO

17. INFORMANT

Address

Annie Stewart 1353 E. St. S.E.
Washington, D.C. INTERVAL BETWEEN
ONSET AND DEATH
Immed.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

4 2 0 . } DUE TO

Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

(b)

DUE TO

(c)

Coronary Infarct

19. WAS AUTOPSY
PERFORMED? (YES NO)

YES NO

20a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year
Hour a.m. 19
p.m.

20d. INJURY OCCURRED
While Not While
at work at work

20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that I took charge of the remains described above, held an Autopsy Inspect on Inquiry and in my opinion
death resulted from: Natural causes Accident Suicide Homicide Undetermined manner

CHIEF MEDICAL EXAMINER

MD ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

DATE SIGNED

Address Street, city, town, or county)

22d. LOCATION (City, town, or country)

3/31/62

(State)

22a. BURIAL CREMATION, 22b. DATE THEREOF
REMOVAL (Specify)

Burial 4/5/62

22c. NAME OF CEMETERY OR CREMATORI

Arlington National

22d. LOCATION (City, town, or country)

Arlington,

Va.

23. FUNERAL DIRECTOR

W. Clarke Mattingley Leonardtown, Md.

24a. REC'D BY REGISTRAR

APR 9 '62

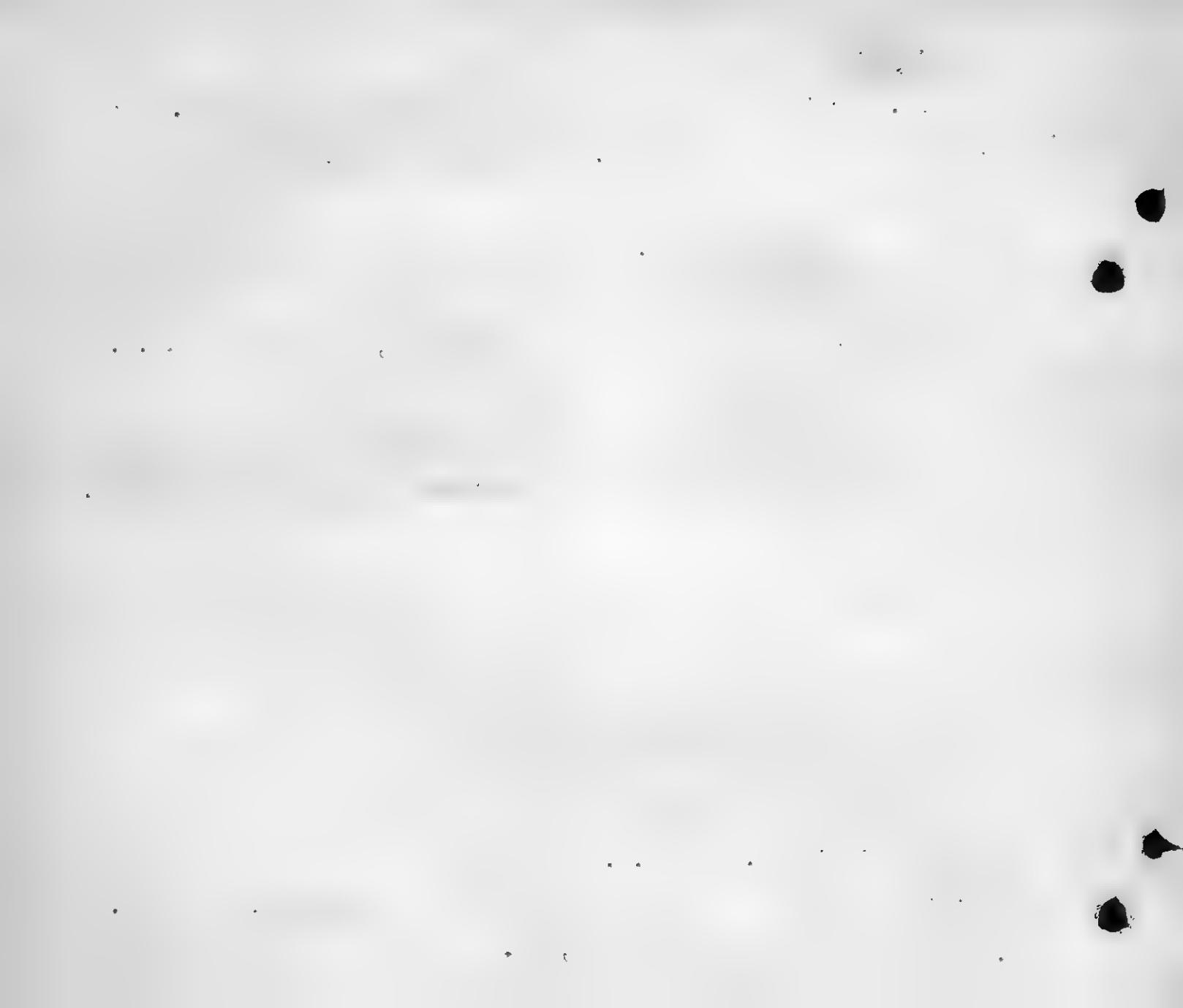
DATE

24b. REGISTRAR'S SIGNATURE

Arthur S. Krause

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any
please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Chief Medical Examiner's Office along with Form PM3. Page 5 in the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME
5M 1/62



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. Page 4 may be retained by the hospital or attending physician.

PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03747

CERTIFICATE OF DEATH

03744

1. PLACE OF DEATH

a. COUNTY

St. Mary's

MARYLAND

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Leonardtown

c. LENGTH OF STAY IN 16

10 hrs.

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

St. Mary's Hospital

First

Middle

2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

a. STATE

Maryland

b. COUNTY

St. Mary's

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Leonardtown

d. STREET ADDRESS

e. IS RESIDENCE

ON A FARM?

YES

NO

3. NAME OF
DECEASED
(Type or print)

Reindert

First

Middle

Last

4. DATE
OF
DEATH

March

14, 1962

Month Day Year

5. SEX

6. COLOR OR RACE

7. MARRIED

NEVER MARRIED

8. DATE OF BIRTH

Oct. 27, 1890

9. AGE (In years
last birthday)

71 yrs.

10. IF UNDER 1 YEAR

Months Days

11. IF UNDER 24 HRS.

Hours Min.

Male

White

WIDOWED

DIVORCED

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Civil Service

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (County & State, or foreign country)

Amsterdam,

Holland U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Reindert Tuinman

Elizabeth Lung

Address

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and date of service)

Yes W W I

16. SOCIAL SECURITY NO.

17. INFORMANT

216-16-0078 Agnes G. Tuinman

Leonardtown, Maryland

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (a)

DUE TO

Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

(b)

DUE TO

(c)

Coronary disease

INTERVAL BETWEEN
ONSET AND DEATH

24 hr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)

19. WAS AUTOPSY
PERFORMED?

YES NO

20a. MEDICAL CERTIFICATION

20a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING

CAUSE OF DEATH

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)

20c. TIME OF INJURY Month, Day, Year

Hour a.m.

Whila

p.m.

Not Whila

at work

at work

20d. INJURY OCCURRED

at work

20a. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that (i) (this hospital) attended the deceased from

3/14, 1962, to 3/14, 1962, that (i) (we) last
saw the deceased alive on 3/17, 1962, and that death occurred at 7:30 PM, from the causes and on the date stated above.

22a. SIGNATURE

William D. Boyd M. D.

M.D.

ATTENDING
PHYS.

MED.
DIRECTOR

STAFF
PHYS.

22b. DATE
SIGNED

3/16/62

22c. PHYSICIAN'S
NAME (Type)

Leonardtown, Maryland

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE THEREOF

March 17, 1962

23c. NAME OF CEMETERY OR CREMATORI

St. Aloysius

23d. LOCATION (City, town or county)

Leonardtown,

(State)

Md.

24 FUNERAL DIRECTOR'S SIGNATURE

W. Clarke Mattingley Leonardtown, Maryland

ADDRESS

25a. REC'D BY REGISTRAR

DATE MAR 19 '62

25b. REGISTRAR'S SIGNATURE

Clifford S. Trahan

100

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03748

03745

Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. It should be signed by the attending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, it should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 should be detached for use as the burial permit. Then please remove carbon papers. Page 3 should be detached for use as the burial permit. Then please remove carbon papers. The State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY St. Marys		MARYLAND		2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) a. STATE Maryland		b. COUNTY St. Marys			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ridge		d. STREET ADDRESS Rural			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION St. Marys Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) INFANT BOY		First GARY	Middle WAGGONER	Last 	4. DATE OF DEATH March 21 1962	Month March	Day 21	Year 1962	
5. SEX M		6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH March 20, 1962	9. AGE (In years lost birthday) yrs. 	10. IF UNDER 1 YEAR Months 	11. IF UNDER 24 HRS Days 7	12. Hours 	13. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Thomas J. Waggoner		14. MOTHER'S MAIDEN NAME Mary V. Roach							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] -----		16. SOCIAL SECURITY NO. [If yes, give war or dates of service] -----		17. INFORMANT Thomas J. Waggoner - Ridge, Maryland		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any which gave rise to immediate cause (a), stating the underlying cause lost. -----		<i>Prob. after cranial hemorhage</i> <i>pre mature birth - breech presentation</i>							
DUE TO (b) DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)							
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that (I) (this hospital) attended the deceased from 3/20/62 , 19, to 3/21/62 , 19, that (I) (we) last saw the deceased alive on 3/20 , 19, and that death occurred at 4 A.M. from the causes and on the date stated above		22b. DATE SIGNED 3/21/62							
22a. SIGNATURE <i>J. Roy Guyther</i>		M.D. <input checked="" type="checkbox"/> ATTENDING PHYS. <input type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>							
22c. PHYSICIAN'S NAME (Type) J. Roy Guyther, MD		22d. ADDRESS Mechanicsville, Maryland							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 3/22/62		23c. NAME OF CEMETERY OR CREMATORIAL St. Michaels Cemetery		23d. LOCATION (City, town, or county) Ridge, Maryland		(State)	
24. FUNERAL DIRECTOR'S SIGNATURE P.B. Robinson - Leonardtown, Md.		ADDRESS 2-055373		25a. REC'D BY REGISTRAR CARLIS S. TRAHA		25b. REGISTRAR'S SIGNATURE			



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03749

CERTIFICATE OF DEATH

03746

1. PLACE OF DEATH

a. COUNTY

St. Mary's

MARYLAND

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Leonardtown

c. LENGTH OF STAY IN 1b

3 days

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

St. Mary's Hospital

3. NAME OF DECEASED
(Type or print)First
JosephMiddle
E.

Woodland

4. SEX

Male

Colored

6. COLOR OR RACE

7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH

Nov. 3, 1910

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Civil Service

11. BIRTHPLACE

Maryland

13. FATHER'S NAME

William Woodland

14. MOTHER'S MAIDEN NAME

Mary Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give rank or date of service)

No

16. SOCIAL SECURITY NO.

202-628-2709

17. INFORMANT

Alice M. Woodland, Box 144, Hugesville, Md.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)4201
Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

DUE TO

(b)

DUE TO

(c)

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

Hypertensive CV disease

19. WAS AUTOPSY
PERFORMED?YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY
Hour a.m.
p.m.Month, Day, Year
1920d. INJURY OCCURRED
While at work Not While at work

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that (I) (this hospital) attended the deceased from

saw the deceased alive on

and that death occurred at

P.M. from the causes and on the date stated above.

22a. SIGNATURE

22c. PHYSICIAN'S
NAME (Type)

J. Roy Gwyther

ATTENDING
PHYS. MED.
DIRECTOR STAFF
PHYS. 22b. DATE
SIGNED

22d. ADDRESS

Mechanicsville, Maryland

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE THEREOF

3-14-62

23c. NAME OF CEMETERY OR CEMATORIAL

St. Marys

23d. LOCATION (City, town or county)

Bryantown, Maryland

(State)

24 FUNERAL DIRECTOR'S SIGNATURE

The Huntt Funeral Home, Waldorf, Maryland

ADDRESS

25a. REC'D BY REGISTRAR

DATE MAR 15 '62

25b. REGISTRAR'S SIGNATURE

Arthur S. Hunt

2420

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03750

CERTIFICATE OF DEATH

03747

1. PLACE OF DEATH

a. COUNTY

St. Mary's

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Leonardtown

c. LENGTH OF STAY IN 1b

7 days

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

St. Mary's Hospital

3. NAME OF DECEASED
(Type or print)First
LouiseMiddle
VLast
Zafiros

4. DATE OF DEATH

Month
MarchDay
14Year
1962

5. SEX

6. COLOR OR RACE

Female

White

7. MARRIED

NEVER MARRIED

WIDOWED

DIVORCED

8. DATE OF BIRTH

Sept. 8, 1908

9. AGE (In years
last birthday)

53

yrs.

10. IF UNDER 1 YEAR

Months

Days

Hours

Min.

a. IS RESIDENCE
ON A FARM?
YES NO 10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Operator

10b. KIND OF BUSINESS OR INDUSTRY

C & P Telephone

11. BIRTHPLACE (County & State, or foreign country)

Washington, D. C.

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

Charles Alexandra

14. MOTHER'S MAIDEN NAME

Nora ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give rank or date of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

577-05-0532 Alexandrea J. Zafiros Hollywood, Maryland

18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)434-3 DUE TO
Conditions, if any, which
give rise to immediate cause
(b)DUE TO
(c)DUE TO
(d)Heart failure
Pericarditis

Tiral pneumonia

Cirrour ascotis

INTERVAL BETWEEN
ONSET AND DEATH

MEDICAL CERTIFICATION

20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY

Month, Day, Year

Hour a.m.
p.m.

20d. INJURY OCCURRED

While
at work Not While
at work 20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that (I) (this hospital) attended the deceased from 3-8-1962 to 3-14-1962 that (I) (we) last
saw the deceased alive on 3-4-1962, and that death occurred at 8:30 A.M. from the causes and on the date stated above.

22e. SIGNATURE

Barbarich

M.D.

22b. DATE
SIGNED22c. PHYSICIAN'S
NAME (Type)

Michael Barbarich M. D.

ATTENDING
PHYS.MED.
DIRECTORSTAFF
PHYS.

22d. ADDRESS

329 Great Mills Rd. Lexington Park, Md.

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE THEREOF

March 17, 1962

23c. NAME OF CEMETERY OR CREMATORI

Congressional Cemetery

23d. LOCATION (City, town or county)

(State)
1801 E. Street S.E. Wash. D.C.

24 FUNERAL DIRECTOR'S SIGNATURE

W. Clarke Mattingley Leonardtown, Maryland

ADDRESS

25a. REC'D BY REGISTRAR

MAR 19 '62

25b. REGISTRAR'S SIGNATURE

Arthur S. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after birth. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove card and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

102760

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